BEST AVAILABLE COPY													
PATENT APPLICATION FEE DETERMINATION RECOF							RD	Application or Docket Number  809, 483					
: CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TC	TAL CLAIMS		ଥା				RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 1 minus 20= 1				X\$ 9	)=		OR	X\$18=	17	
INDEPENDENT CLAIMS			4 minus 3 =				. X40	<b>)</b> =		OR	X80=	XD	
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT				+13	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL I	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 7	Minus	" 2	21	= /	X\$ 9	=		OR	X\$18=		
AME	Independent	• /	Minus	•••	7 67 474	1=(	X40	=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=		
	/ .,						ADDIT.	TAL		OR	TOTAL ADDIT. FEE		
12	120/05				4		·						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	. RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· B	Minus	.0	2/	- /	X\$ 9	=	1	OR	X\$18=	. /	
AME	Independent	• /	Minus	ç	<i>U</i>		X40	<u> </u>		OR	X80=	7	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135		1.	OR	+270=		
							TO ADDIT, I	TAL		,	TOTAL ADDIT. FEE		
		ADD11. I	LEI		•								
ENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	

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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-675 (Rev. 8/00)

AMENDMEN

Total

Independent

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

OR

X\$ 9=

X40=

+135=

X\$18=

X80=

+270=

OR ADDIT. FEE